


PCT

FEE CALCULATION SHEET

Annex to the Demand for international preliminary examination

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">International application No.</td> <td style="width: 50%;">PCT/US99/25021</td> </tr> <tr> <td>Applicant's or agent's file reference</td> <td>PF-0625 PCT</td> </tr> </table>	International application No.	PCT/US99/25021	Applicant's or agent's file reference	PF-0625 PCT	<div style="border: 1px solid black; padding: 5px;"> For International Preliminary Examining Authority use only <div style="text-align: right; font-size: 1.2em;">(17.05.00)</div> <div style="font-size: 1.5em; font-weight: bold; text-align: center;">IPEAUS</div> <div style="text-align: right; font-weight: bold;">17 MAY 2000</div> </div>														
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Applicant INCYTE PHARMACEUTICALS, INC.																			
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Deposit Account Authorization <i>(this mode of payment may not be available at all IPEAs)</i> The IPEA/ <u>US</u> <input checked="" type="checkbox"/> is hereby authorized to charge the total fees indicated above to my deposit account. <input checked="" type="checkbox"/> <i>(this check-box may be marked only if the conditions for deposit accounts of the IPEA so permit)</i> is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account.																			
<u>09-0108</u> Deposit Account Number	<u>16 May 2000</u> Date (day/month/year)	 Signature																	